

Amendments to the Claims

Claims 1.-30. (Canceled)

31. (Original) A method for causing weight loss in obese humans comprising the steps of:

- a. surgically creating an intestinal bypass with an adjustable opening, the intestinal bypass having an initial bypass opening size,
- b. calculating a time for a followup,
- c. calculating a desired weight loss of the patient till the followup,
- d. calculating a desired electrolyte balance of the patient,
- e. calculating actual weight loss and actual electrolyte balance during the followup,
- f. if the actual weight loss and the actual electrolyte balance match the desired weight loss and the desired electrolyte balance respectively:
 - i. calculating a time for a next followup,
 - ii. calculating a desired weight loss of the patient till the next followup, and
 - iii. calculating a desired electrolyte balance of the patient, else
 - i. calculating a new bypass opening size based on the desired weight loss, the actual weight loss, the desired electrolyte balance and the actual electrolyte balance,
 - ii. changing bypass opening size to the new bypass opening size,
 - iii. calculating a time for a followup,
 - iv. calculating a desired weight loss of the patient till the followup, and
 - v. calculating a desired electrolyte balance of the patient and
- g. repeating steps (e) through (f).

32. (Original) The method as recited in claim 31, wherein the method is used in conjunction with existing weight loss methods selected from the group comprising diet modification, exercise therapy and pharmacological therapy.

Claim 33. (Canceled)

34. (New) A method of causing weight loss in a patient comprising:

establishing an adjustable pathway in at least one of a gastrointestinal bypass and a natural portion of a gastrointestinal tract of the patient, the bypass being configured to divert a portion of food flowing in the gastrointestinal tract; and

adjusting a cross sectional lumen size of the adjustable intestinal pathway.

35. (New) The method of claim 34 wherein the establishing step comprises establishing an adjustable pathway in at least one of the gastrointestinal bypass and the natural portion of the gastrointestinal tract with an adjustable implant.

36. (New) The method of claim 34 further comprising connecting a first gastrointestinal region and a second gastrointestinal region to create said bypass.

37. (New) The method of claim 36 further comprising connecting said first gastrointestinal region and second gastrointestinal region with an implant.

38. (New) The method of claim 37 wherein the implant comprises a tubular implant with an adjustable opening.

39. (New) The method of claim 37 wherein the implant comprises a ring.

40. (New) The method of claim 37 wherein the implant comprises a lumen.

41. (New) The method of claim 36 wherein the first gastrointestinal region is in a small intestine and the second gastrointestinal region is in the small intestine.

42. (New) The method of claim 41 wherein mostly all of the small intestine is bypassed.

43. (New) The method of claim 41 wherein only a portion of the small intestine is bypassed.

44. (New) The method of claim 41 wherein the first gastrointestinal region is near a pylorus.

45. (New) The method of claim 41 wherein the first gastrointestinal region is in the small intestine adjacent to a pylorus.

46. (New) The method of claim 34 further comprising permitting food material to flow through the adjustable pathway in only one direction.

47. (New) The method of claim 46 wherein the permitting step comprises using a one-way valve to permit food material to flow through the adjustable pathway in only one direction.
48. (New) The method of claim 46 wherein the permitting step comprises using an implant with inward projections to permit food material to flow through the adjustable pathway in only one direction.
49. (New) The method of claim 34 wherein the adjusting step is performed minimally invasively.
50. (New) The method of claim 49 wherein the adjusting step is performed endoscopically.
51. (New) The method of claim 34 wherein the adjusting step is performed non-invasively.
52. (New) The method of claim 51 wherein the adjusting step is performed transdermally.
53. (New) The method of claim 51 wherein the adjusting step is performed using electromagnetic signaling.
54. (New) The method of claim 34 further comprising the use of a weight loss method chosen from the group consisting of diet modification, exercise therapy and pharmacological therapy.
55. (New) A method of causing weight loss in a patient comprising:
connecting a first region of a gastrointestinal tract to a second region of a gastrointestinal tract with a bypass device;
diverting a portion of food flowing from the first region to the second region through the opening;
and
permitting a remaining portion of the food flowing through the gastrointestinal tract to flow from the first region to the second region through a natural portion of the gastrointestinal tract.
56. (New) The method of claim 55 wherein the bypass device comprises a tubular implant.
57. (New) The method of claim 55 further comprising permitting food material to flow through the bypass in only one direction.
58. (New) The method of claim 55 wherein the first region is in a small intestine and the second region is in the small intestine.